STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056158	A. BUILDING _____ B. WING _____	C 07/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLLEGE OAK NURSING & REHABILITATION CENTER	4635 COLLEGE OAK DRIVE SACRAMENTO, CA 95841

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey of entity-reported incident #CA00314084 Representing the Department of Public Health: HFEN 26367. The investigation was limited to the specific incident investigated and does not represent the findings of a full inspection of the facility.	F 000	Preparation and/ or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/ or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907.	
F 224 SS=D	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect Resident 1 from misappropriation of his property when a Certified Nursing Assistant (CNA) used his checkbook to withdraw money from his bank account. Findings: Resident 1 was admitted to the facility on 11/30/11. On 6/13/12 the facility reported to the Department that CNA 1 had been terminated for using	F 224	F224 **Corrected Action for Affected Resident**: Immediately on 6/12/2012 upon Resident 1's notification to a facility manager that he believed that there were funds missing from his personal checking account, the Administrator got involved. The Administrator assisted Resident 1 to his bank, then to the Sheriff's Department to file a police report. The Sheriff's Department informed Resident 1 and the Administrator that an "Affadavit of Fraud" form was required from Resident 1's bank. The Administrator assisted Resident 1 back to his bank to request the necessary form. The Banker assisted Resident 1 with investigating his bank account. It was during this interview that Resident 1 and the Administrator were presented with copies of cancelled checks from Resident 1's bank account. Two checks presented were written out to a person whom the Administrator	6/12/12 6/13/12 and ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rina Kaplan	Administrator	7/26/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	Continued From page 1 Resident 1's checkbook to write two checks to herself. The facility's undated policy titled, "Abuse, Prevention of" indicated "Abuse, neglect, abandonment, isolation, financial abuse will not be tolerated in this facility at any time. A review of the facility investigation revealed Resident 1 had reported a bank account discrepancy on 6/12/12. The facility investigated the bank account discrepancy and on 6/12/12 it was discovered CNA 1 had cashed two checks from Resident 1's accounts, for a total of $900. On 6/13/12 the Administrator and the Director of Nurses met CNA 1 when she arrived at work to interview her about the missing money and suspended her at the end of the interview. The Separation Notice in the employee file for CNA 1 indicated she had been terminated on 6/15/12 for "Elder Abuse Substantiated". The Notice indicated her last day worked was 6/13/12. The clinical record for Resident 1 included a care plan updated on 6/13/12 to address any potential psychosocial distress Resident 1 might have experienced as a result of the incident, and follow-up Social Service notes which indicated he did not experience any distress as a result of the theft. In an interview with the Administrator and the Director of Nurses on 6/22/12 at 3:10 p.m. they reported they had investigated Resident 1's claim that money was missing from his account, and as a result of their investigation determined CNA 1 had misappropriated the funds.	F 224	recognized immediately as a facility employee. The Administrator assisted Resident 1 back to the Sheriff's Department where they were informed that it was too late in the day to file a police report and to return the following day. The Administrator assisted Resident 1 back to the facility. The Administrator met with the Director of Nursing to determine to meet with C.N.A. 1 (Dewi Nainggolan C.N.A. Certificate 00687768) the following morning at the start of her shift. On 6/13/2012 at 6:30am C.N.A. Dewi Nainggolan clocked in for duty and was immediately pulled from the floor and requested to meet in the conference room with the Administrator and Director of Nursing. During the course of the interview investigating whether C.N.A. Dewi Nainggolan misappropriated monies from Resident 1, she admitted to taking two checks from Resident 1 and writing them out to herself without his consent. The Administrator left the conference room and telephoned the Sacramento County Sheriff's Department to report the incident. The Sheriff's Department stated that it was not legal to detain C.N.A. Nainggolan while they dispatched the next available officer. The Administrator returned to the conference room and C.N.A. Nainggolan was terminated from employment and escorted from the facility. The Administrator provided	

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F 224	Continued From page 2 In an interview with Resident 1 on 6/22/12 at 3:30 p.m. he confirmed he had not given CNA 1 any money and was satisfied with the results of the facility investigation, as they had returned the money to him.	F 224	Resident 1 with a written apology on behalf of the facility along with a check for reimbursement of the funds taken by the C.N.A. Resident 1 was monitored for psychosocial changes following the incident, and there were none. **Identification of Other Potential Residents:** All residents were interviewed to identify other residents who kept personal banking items (ATM cards, checkbook, etc.) in their rooms. One resident was identified and the Administrator assisted her in reviewing her account information and no concerns were identified. A lock was provided to her for securing her banking items safely. **Systemic Measures in Place to Ensure Deficient Practice Does Not Recur:** All facility staff were inserviced regarding this incident and trained that it is NEVER acceptable to accept gifts or monies from patients. Employees were trained that all requests for banking assistance be directed to the Administrator or Director of Social Services ONLY. This training to be conducted during orientation and annually. New admissions will be offered a lock for their banking items to be secured. **Monitoring Plan:** Administrator to QA residents periodically to identify residents that have banking items and that the items are properly secured. DSD to ensure that all employees are trained with regards to preventing misappropriation of patient monies.	6/14/12 7/25/12 and ongoing 7/25/12 and ongoing